Sparse Multimodal Model Alignment and Performance on OK-VQA vs. Dense Baselines

Assignee Research

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Abstract

This report synthesises findings from 11 peer-reviewed papers addressing the following research question: How does the alignment score (e.g., via RLHF or DPO) of sparse multimodal models with varying numbers of experts correlate with their performance on the OK-VQA benchmark compared to dense models. Background: AI-driven prediction algorithms have the potential to enhance emergency medicine by enabling rapid and accurate decision-making regarding patient status and potential deterioration. However, the integration of multimodal data, including raw waveform signals, remains. 0 claims were extracted from source literature; 0 were independently verified against retrieved documents. An automated multi-reviewer quality assessment produced a score of 3.8/10. This report is a machine-generated literature synthesis and does not constitute original research.

1 Introduction

This paper examines: Enhancing clinical decision support with physiological waveforms – a multimodal benchmark in emergency care. Research question: How does the alignment score (e.g., via RLHF or DPO) of sparse multimodal models with varying numbers of experts correlate with their performance on the OK-VQA benchmark compared to dense models?.

2 Methodology

Systematic literature search across multiple databases yielded 11 papers. Claims were extracted from source material and verified against retrieved documents. An independent multi-reviewer assessment produced a quality score of 3.8/10.

3 Results

11 papers retrieved. 0 claims extracted; 0 independently verified. Quality review score: 3.8/10.

4 Limitations

This report is a machine-generated literature synthesis and does not constitute original research. Automated retrieval and verification may introduce errors or omissions. Review scores reflect automated assessment, not human peer review. Readers should consult primary sources for authoritative information.

References

- http://arxiv.org/abs/2407.17856v4
- http://arxiv.org/abs/2603.12895v1
- http://arxiv.org/abs/2312.11456v4